Commonwealth of Virginia
Department of Social Services
DIVISION OF CHILD SUPPORT ENFORCEMENT

REQUEST FOR CASE CLOSURE

DCSE #:

_____   _____
Name of Custodial Parent (Please Print)   Name of NonCustodial Parent (Please Print)

_____   _____
Address (Street No., Apt. #)   Address (Street No., Apt. #)

_____Tel. #_____   _____Tel.#_____
City, State and Zip   City, State and Zip

This form must be completed (by the applicant for Child Support Services ONLY) and returned to the district office that manages your case. Once this request is received, the district office will initiate the necessary actions to close your case. This process can take up to 30 – 45 days. Please advise the Division of Child Support Enforcement (DCSE) if there are any pending actions that DCSE is taking on your behalf, i.e., a pending court date, income withholding, etc.

   I, _____, am requesting closure of the child support
          (Print Name)

case listed above.

   You may request and receive copies of the following documents from your case file. Please check all forms you wish to receive.

   _____ Declaration of Paternity
   _____ court or administrative orders for support
   _____ payment and arrearage records including any debt owed to the state
   _____ income withholding or health insurance orders.

_____
Signature

_____
Date

Internet/2000

DCSEP-823-3/00